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To:	Examiner Mark V. Prenty	From:	Steven Fischman
Fax:	(571) 273-8300	Pages:	13 pages including cover sheet
Phone:		Date:	3/2/2006
Re:	U.S. Serial No: 10/709,727 Group Art Unit: 2822 Confirmation No: 3726 Docket No: BUR920040063US1 (17544)		
CC:			

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P18/REV02

MAR 02 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. BUR920040063US1 (17544)									
Applicant(s): John M. Aitken, et al.													
Application No. 10/709,727	Filing Date May 25, 2004	Examiner Mark V. Prenty	Customer No. 23389	Group Art Unit 2822	Confirmation No. 3726								
Invention: TRENCH TYPE BURIED ON-CHIP PRECISION PROGRAMMABLE RESISTOR													
<u>COMMISSIONER FOR PATENTS:</u>													
Transmitted herewith is an amendment in the above-identified application.													
The fee has been calculated and is transmitted as shown below.													
CLAIMS AS AMENDED													
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE								
TOTAL CLAIMS	22 -	24 =	0	x \$50.00	\$0.00								
INDEP. CLAIMS	6 -	6 =	0	x \$200.00	\$0.00								
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00								
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00								
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0456/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.													
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
 Signature			Dated: March 2, 2006										
Steven Fischman\ Registration No. 34,594 SCULLY, SCOTT, MURPHY & PRESSER, P.C. 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0456/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicant:** John M. Aitken, et al.**Examiner:** Mark V. Prenty**Serial No.:** 10/709,727**Group Art Unit:** 2822**Filed:** May 25, 2004**Docket:** BUR920040063US1 (17544)**For:** TRENCH TYPE BURIED ON-CHIP
PRECISION PROGRAMMABLE
RESISTOR**Dated:** March 2, 2006**Confirmation No:** 3726Mail Stop Amendment
Commissioner of Patents and Trademarks
P.O. Box 1450
Alexandria, Virginia 22313-1450**RESPONSE UNDER 37 C.F.R. §1.111**

Sir:

In response to the Office Action dated December 2, 2005, applicants submit the following amendments and remarks to be entered as of record in the above-identified patent application.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office at (571) 273-8300 on the date shown below.

Dated: March 2, 2006
Steven Fischman